



BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

PUBLIC HEALTH INSPECTOR

1965.

BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

B O R O U G H O F O S S E T T

P U B L I C H E A L T H C O M M I T T E E 1965/1966

Chairman:

Councillor J.C. Garton

Vice-Chairman:

Councillor Mrs. H. Crossland, J.P.

Members:

Councillor A.B. Glover (The Mayor)

Alderman H. Audsley

Alderman S.E. Bickle

Alderman J. Spurr

Councillor F. Bennett

Councillor N. Lockwood

Councillor A. Nettleton

Councillor Mrs. M. Philpott

Councillor A. Robb

Councillor H. Smith

P U B L I C H E A L T H S T A F F

BOROUGH OF OSSETT

MEDICAL OFFICER OF HEALTH AND DIVISIONAL MEDICAL OFFICER

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND SENIOR ASSISTANT COUNTY MEDICAL OFFICER

Barbara Briggs, M.B., Ch.B., D.P.H.

PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT

H.W. Mycock, C.S.I.B., A.R.S.H., M.R.I.P.H.H.

ADDITIONAL PUBLIC HEALTH INSPECTOR

P. Myers, M.A.P.H.I. B. Fox (Resigned May, 1965. Appointment not yet filled)

PUBLIC HEALTH INSPECTOR'S CLERK

Mrs. M.I. Lord

PUPIL PUBLIC HEALTH INSPECTOR

J. Robinson (From October, 1965)

WEST RIDING COUNTY COUNCIL

Preventive Medical Services : Health Division 13

ASSISTANT COUNTY MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

Irene Hargreaves, M.B., Ch.B.

Ralph David Hall, M.B., Ch.B., D.P.H. (Appointed 1.4.65.)

MEDICAL OFFICER TO OSSETT CHILD WELFARE CENTRE (Part-time)

J.S. Coad, M.B., B.S.

DIVISIONAL NURSING OFFICER

Miss A. Seelig, S.R.N., S.C.M., H.V. Certificate, Q.N., Admin. Certificate
(P.H. Nursing) R.C.N.

HEALTH VISITORS AND SCHOOL NURSES

Mrs. B.J. Cliff, S.R.N., S.C.M., H.V. Certificate
Mrs. L. Laceby, S.R.N., S.C.M., H.V. Certificate, Q.N.
Mrs. S.M. Humpleby, S.R.N., S.C.M., H.V. Certificate
Mrs. O. Jones, S.R.N. (Resigned 23.9.65.)

SENIOR MENTAL WELFARE OFFICER

A. Emmerson

MENTAL WELFARE OFFICERS

H.H. Robinson, R.M.P.A., R.M.N., M.S.M.W.O.
Mrs. E.I. Jones, M.S.M.W.O. (Resigned 12.10.65.)
R.D. Stephens, R.M.N. (Appointed 3.1.66.)
J.R. Marshall, R.N.M.S. (Appointed 1.2.66.)

JUNIOR TRAINING CENTRE - OSSETT

Mrs. A. Ellis, N.A.M.H. Diploma - Supervisor
Mrs. M.E. Norman
Mrs. I. Ellis

SENIOR TRAINING CENTRE - WEST ARDSLEY

Miss I. Beaumont, N.A.M.H. Diploma - Supervisor
Miss G. Burlison, N.A.M.H. Diploma
Mrs. B. Huntrods, N.A.M.H. Diploma
Mrs. K.M. Poyner, S.E.N.
Mrs. E. Wright
B.K. Brook, N.A.M.H. Diploma
M. Grange

HEALEY CROFT RESIDENTIAL HOSTEL, WEST ARDSLEY

R. Tyson, S.R.N., R.M.N. - Warden
Mrs. M. Tyson, R.M.N.
Mrs. L. Jarman

HOME NURSES

Mrs. C. Crawford, S.R.N., S.C.M.
Miss M. Grace, S.R.N., S.C.M., Q.N.
Mrs. T. Pickersgill, S.R.N., Q.N. (Relief Nurse)

MIDWIVES

Mrs. M.E. Horner, S.R.N., S.C.M.
Mrs. E.A.M. Thompson, S.R.N., S.C.M.
Miss A. Tolson, S.R.N., S.C.M., Q.N.

CHIROPODIST

W.S. Fraser, Registered Medical Auxiliary (Part-time)

CHILD GUIDANCE SERVICES

Dr. K.N. Maxwell, M.B., Ch.B.
J.B. Mannix, M.Ed. Psychologist
Mrs. J.M. Spurr, P.S.W.

CHIEF CLERK

A. Wright, D.M.A., D.P.A.

CLERICAL STAFF

J.A.H. Lane, D.P.A. (Deputy Chief Clerk)
A.C. Atack
D. Leach
C.C. Roberts
P.M. Sheard
Miss C. Brennan
Mrs. G. Burton (Part-time)
Mrs. L. Crofton (Part-time)
Miss K. Edmondson
Mrs. D. Hunter (Appointed 23.8.65.)
Mrs. M.E. Kilburn
Mrs. J. Mell (Resigned 31.8.65.)
Miss R.M. Morris
Miss M.G. Shackleton
Mrs. E.H. Thornber (Part-time) (Appointed 20.9.65.)
Mrs. M. Thornburn
Mrs. M. Wingett (Part-time) (Resigned 30.9.65.)

LEEDS REGIONAL HOSPITAL BOARD

Consultant Staff

EAR, NOSE AND THROAT SURGEON

T.B. Hutton, F.R.C.S.

CHEST PHYSICIAN

J.K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

SCHOOL OPHTHALMOLOGIST

K.K. Prasher, M.B., B.S., D.O.

PAEDIATRICIANS

J.D. Pickup, M.D., D.C.H.

C.S. Livingstone, M.B., B.S., M.R.C.P., D.C.H.

ORTHOPAEDIC SURGEON

Miss M.A. Pearson, F.R.C.S.

Divisional Health Office,
Windsor House,
Queen Street,
Morley.

21st July, 1966.

To the Chairman and Members of the Ossett Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in submitting my Annual Report for 1965.

The only major changes in establishment which occurred during the year was the increase from two to three in the number of Mental Welfare Officers, and on the resignation of Mrs. Jones two new officers Mr. Stephens and Mr. Marshall were appointed. The reason for the increase is related to the development within the Division of two hostels, one for the mentally subnormal called Healey Croft which was opened in September, 1965 and the other for those recovering from mental illness called Lee Grange which is still in the process of construction. Both these hostels are at West Ardsley in Morley.

From the vital statistics it will be seen that the birth-rate has remained constant and there has been a slight rise in the death rate when compared with the rather low rate for 1964. There were five infant deaths during the year, four of them occurring in the first week of life and these four deaths, together with the three stillbirths resulted in a perinatal mortality rate of 21.5 as compared with 39.8 in 1964. All the stillbirths occurred in hospital as did all the deaths in the first week of life - two of the latter being twins where the cause of death was prematurity. Death in the other two cases was due to congenital abnormalities. There were eleven illegitimate births during 1965, one less than occurred in 1964.

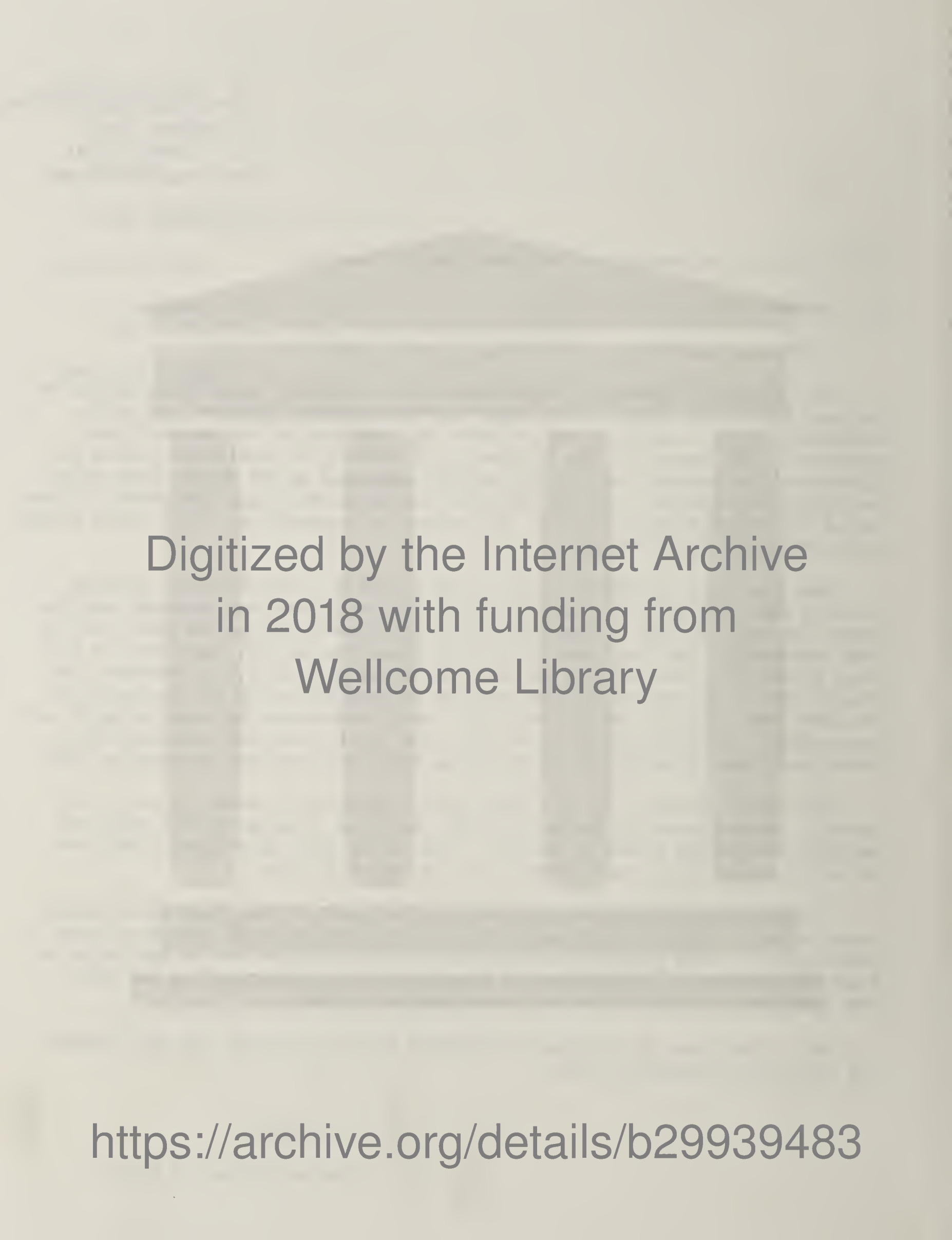
The major cause of death was again heart disease which caused 59 out of 182 deaths. Cancer caused 32 deaths of which 7 were due to cancer of the lung, and cerebral haemorrhage caused 30 deaths. Five of the lung cancer deaths were men and all occurred before they reached retiring age of 65 years.

I should like to draw your attention to the report of the Chief Public Health Inspector and I think you will agree that his work has increased considerably in recent years. Much progress has been made on slum clearance and in particular we await the decision of the Minister of Housing and Local Government on the Manor Road Compulsory Purchase Order with considerable interest.

May I thank you, Mr. Chairman and Members of the Committee, for your support and co-operation during the year.

G. IRELAND

Medical Officer of Health



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S T A T I S T I C S

Area : 3,332 acres

Population : Census 1961 : 14,729

Registrar General's Estimate of resident population, mid 1965 : 15,880

Number of Dwelling houses : 5,687

Rateable Value : £368,767 (as at 31.3.65.)

Product of 1d. rate : £1,522 (as at 31.3.65.)

Summary of Vital Statistics

	Total	M	F	
<u>Live Births</u>				
Legitimate	312	169	143	Birthrate per 1,000 of the estimated resident population 20.3
Illegitimate	11	3	8	
<u>Still Births</u>				
Legitimate	3	1	2	Rate per 1,000 (live and still births) 9.2
Illegitimate	-	-	-	
<u>Total Births</u>				
Legitimate	315	170	145	
Illegitimate	11	3	8	
<u>Deaths</u>	182	98	84	Death rate per 1,000 of the estimated resident population 11.5

Maternal Mortality

There were no maternal deaths

Infant Mortality

Five infants under the age of twelve months died during 1965.

The following table gives the cause of death of these infants.

Cause of Death	No. of infants dying in				
	1st week	2nd week	3rd week	4th week	5-52 weeks
Congenital Malformation	2	1	-	-	-
Prematurity	2	-	-	-	-

Infant Mortality Rate

Total infant deaths per 1,000 total live births	15.5
Legitimate infant deaths per 1,000 legitimate live births	13.1
Illegitimate infant deaths per 1,000 illegitimate live births	0.0

Neo-natal Mortality Rate

(Deaths under four weeks per 1,000 total live births)	15.5
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Early Neo-natal Mortality Rate

(Deaths under one week per 1,000 total live births)	12.3
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Perinatal Mortality Rate

(Still births and deaths under one week combined per 1,000 total live and still births)	21.5
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CAUSES OF DEATH - OSSETT M.B.

Causes of Death	1963			1964			1965		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract	-	-	-	1	-	1	-	-	-
2. Other forms of tuberculosis	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	1	1	2	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-
9. Other infective & parasitic diseases	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm - stomach	3	-	3	2	2	4	7	3	10
11. Malignant neoplasm - lung & bronchus	4	1	5	5	-	5	5	2	7
12. Malignant neoplasm - breast	-	3	3	-	1	1	-	3	3
13. Malignant neoplasm - uterus	-	3	3	-	1	1	-	4	4
14. Other malignant & lymphatic neoplasms	5	5	10	10	15	25	5	2	7
15. Leukaemia & aleukaemia	-	-	-	-	2	2	-	1	1
16. Diabetes	-	-	-	-	1	1	-	3	3
17. Vascular lesions of nervous system	10	22	32	8	20	28	16	14	30
18. Coronary disease - angina	18	14	32	14	11	25	25	13	38
19. Hypertension with heart disease	2	4	6	2	3	5	-	-	-
20. Other heart disease	8	13	21	8	13	21	6	15	21
21. Other circulatory disease	4	4	8	4	6	10	7	5	12
22. Influenza	-	-	-	-	-	-	-	-	-
23. Pneumonia	8	2	10	4	2	6	3	3	6
24. Bronchitis	16	4	20	8	4	12	13	1	14
25. Other diseases of respiratory system	2	-	2	1	-	1	2	1	3
26. Ulcer of stomach & duodenum	2	1	3	-	-	-	-	1	1
27. Gastritis, enteritis & diarrhoea	-	-	-	-	1	1	-	-	-
28. Nephritis and nephrosis	-	-	-	1	-	1	1	1	2
29. Hyperplasia of prostate	-	-	-	1	-	1	-	-	-
30. Pregnancy, childbirth and abortion	-	-	-	-	-	-	-	-	-
31. Congenital malformations	1	2	3	1	-	1	-	3	3
32. Other defined and ill-defined diseases	6	10	16	7	9	16	7	8	15
33. Motor vehicle accidents	3	-	3	4	-	4	-	-	-
34. All other accidents	3	3	6	1	-	1	-	1	1
35. Suicide	1	-	1	1	-	1	-	-	-
36. Homicide and operations of war	-	-	-	-	-	-	1	-	1
Total all causes	97	92	189	82	91	173	98	84	182

ANALYSIS OF DEATHS IN AGE GROUPS

Under 1		1-5		6-15		16-25		26-35		36-45		46-55		56-65		66-75		Over 75	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2	3	-	-	-	-	-	-	-	-	3	-	11	9	20	8	37	24	25	40

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1965

COMPARISON WITH

	Ossett M.B.	Morley M.B.	Horbury U.D.
Birth Rate (per 1,000 estimated population)	20.3	18.3	18.2
Death Rates (all per 1,000 estimated resident population) all causes.	11.5	11.2	12.6
Infective and Parasitic Diseases	0.0	0.02	0.11
Tuberculosis of respiratory system	0.0	0.02	0.0
Other forms of tuberculosis	0.0	0.0	0.0
Cancer	2.02	2.37	2.02
Vascular lesions of nervous system	1.89	1.51	2.14
Heart and Circulatory Diseases	4.47	4.49	4.72
Respiratory disease (exc. tuberculosis of respiratory system)	1.45	1.02	1.91
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	15.5	19.1	18.5
Maternal Mortality (deaths of mothers due to pregnancy or childbirth per 1,000 live and still births)	0.0	0.0	0.0
Still Birth Rate (per 1,000 live and still births)	9.2	22.4	6.1
Perinatal Mortality Rate	21.5	37.4	18.4
Neonatal Mortality Rate	15.5	15.3	18.5

based on the Registrar-General's figures

OTHER AREAS

Wakefield R.D.	Aggregate West Riding Urban Districts	West Riding Administrative County	England and Wales (provisional figures)
18.0	18.0	18.2	18.0
9.8	12.3	11.6	11.5
0.14	0.03	0.04	*
0.0	0.03	0.04	0.04
0.0	0.0	0.0	0.01
1.36	2.19	2.07	1.67
1.45	1.95	1.82	*
3.95	4.83	4.48	*
1.45	1.39	1.30	*
7.6	21.0	20.7	19.0
0.0.	0.13	0.16	0.25
17.4	17.0	16.0	15.7
17.4	28.6	27.3	26.9
2.5	14.3	13.9	13.0

* Figures not available

VITAL STATISTICS OVER

Year	Birth Rate	Perinatal Mortality Rate	Still Birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate
1956	15.7	*	33.9	12.2	21.9	0.0
1957	17.2	*	27.3	11.9	16.1	0.0
1958	17.5	*	30.4	11.4	23.5	0.0
1959	17.2	*	30.8	13.4	23.8	0.0
1960	18.4	18.2	7.3	11.3	25.7	3.65
1961	18.9	24.5	17.5	11.2	17.8	0.0
1962	21.5	15.1	12.1	11.7	12.2	0.0
1963	21.7	34.7	28.9	12.2	23.8	0.0
1964	20.4	39.8	24.5	11.1	31.3	0.0
1965	20.3	21.5	9.2	11.5	15.5	0.0

* Figures not available

TEN YEARS 1956 - 1965

Tuberculosis Death Rate	Infectious Diseases Death (excluding tuberculosis)	Cancer Death Rate	No. of cases of Diphtheria	No. of deaths	
				Tuberculosis	Cancer of Lung and Bronchus
0.0	0.0	2.21	0	0	6
0.0	0.0	1.59	0	0	2
0.0	0.0	2.13	0	0	7
0.21	0.27	2.53	0	3	8
0.07	0.07	1.49	0	1	4
0.07	0.07	2.15	0	1	6
0.0	0.0	2.11	0	0	8
0.0	0.13	1.55	0	0	5
0.06	0.0	2.43	0	1	5
0.0	0.0	2.02	0	0	7

INFECTIOUS DISEASES

Annual Notifications 1961 - 65

Disease	Year of Notification				
	1961	1962	1963	1964	1965
Scarlet Fever	-	1	1	1	1
Whooping Cough	3	-	46	9	32
Acute Poliomyelitis	1	-	-	-	-
Measles	277	110	172	105	169
Diphtheria	-	-	-	-	-
Dysentery	-	1	-	-	2
Meningococcal Infection	-	-	1	-	-
Acute Pneumonia	-	-	1	-	1
Smallpox	-	-	-	-	-
Acute Encephalitis	-	-	-	-	-
Enteric or Typhoid Fever	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-
Erysipelas	-	-	1	-	-
Food Poisoning	1	-	-	1	-
Puerperal Pyrexia	1	-	-	-	1
Ophthalmia Neonatorum	-	-	1	-	-
Pulmonary Tuberculosis	1	4	1	1	4
Other forms of tuberculosis	-	1	-	-	-
Malaria	-	-	-	-	-
Anthrax	-	-	-	-	-

TUBERCULOSIS

Cases requiring examination are referred to the Chest Clinic at Dewsbury General Hospital or the Chest Clinic at Pinderfields Hospital, Wakefield and regular home supervision is carried out by the Health Visitor. Free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives at a glance the position regarding tuberculosis in Ossett in 1965 :-

	Respiratory			Non-Respiratory			Totals
	M	F	Total	M	F	Total	
No. on Register on 1st January, 1965	16	10	26	2	3	5	31
No. first notified during 1965	3	1	4	-	-	-	4
No. of cases restored to register	-	-	-	-	-	-	-
No. of cases entered in register otherwise than by notification	-	1	1	-	-	-	1
No. removed from register during 1965							
(a) Died	-	-	-	-	-	-	-
(b) Removed from district	1	-	1	-	-	-	1
(c) Recovered	1	1	2	1	-	1	3
No. remaining on register at 31st December, 1965	17	11	28	1	3	4	32

The number of new cases and the number of deaths notified during 1965 are given in detail in the following table :-

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 4	-	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	-	-
15 - 24	1	-	-	-	-	-	-	-
25 - 44	1	1	-	-	-	-	-	-
45 - 64	1	-	-	-	-	-	-	-
65 & over	-	-	-	-	-	-	-	-
Totals	3	1	-	-	-	-	-	-

WEST RIDING COUNTY COUNCIL HEALTH SERVICES

LOCAL ADMINISTRATION

CLINICS

CLINIC

Croft House, Ossett

CHILD WELFARE CLINIC

Monday 2 - 4 p.m.

Thursday 2 - 4 p.m.

ANTE NATAL AND BOOKING CLINIC

Wednesday 3 - 4 p.m.

RELAXATION CLINIC

Wednesday 2 - 3 p.m.

SCHOOL CLINIC

Tuesday 10 - 12 noon

SPECIALIST SCHOOL CLINICS

Ophthalmic Clinic

Second Monday in month. By appointment.

Dental Clinic

By appointment

Child Guidance Clinic

Thursday 9.30 a.m. - 12 noon. By appointment

Speech Therapy Clinic.

Suspended.

IMMUNISATION AND VACCINATION CLINICS.

At Child Welfare Centres

CHIROPODY

Thursday 9.30 a.m. - 12 noon. By appointment.

CHILD WELFARE CLINIC

Clinic	No. of sessions	No. of children who attended and were born in		Total no. of attendances made by children born in		Average attendances per session
		1965	1960-64	1965	1960-64	
Croft House, Ossett	101	299	140	3,401	1,724	50

In accord with modern thought and practice on child care routine weighing of babies over the age of two months has ceased in all Child Welfare Clinics in the Division and after this age further weighing are carried out at the discretion of the Health Visitor or Clinic Doctor. This is reflected in the overall drop of attendances for the year, although the actual number of children attending who were born in 1965 increased from 264 in 1964 to 299 in 1965. This decrease in attendances now permits the trained staff to devote their time to advise mothers and provide protection against preventable diseases in children, the chief aim and purpose of any Child Welfare Clinic.

Ante Natal Clinic

Clinic	No. of sessions	Total no. of women who attended	Total attendance	Average attendance
Croft House Ossett	49	70	325	7

The ante-natal clinic attended by the midwives and an Assistant County Medical Officer on Friday afternoons was discontinued at the end of the year. This was due to falling attendances and to the fact that general practitioners were now holding regular ante-natal clinics in their own surgeries at which some of our midwives were in attendance. The midwives now hold a booking clinic on a Wednesday afternoon between 3 and 4 p.m. immediately after the Relaxation Clinic and attend all General Practitioners' ante-natal clinics.

Relaxation Clinic

Clinic	No. of sessions	Total number of women who attended	Total attendances	Average attendance
Croft House Ossett	44	119	464	11

Dental Treatment for Expectant and Nursing Mothers

Expectant and nursing mothers are referred from ante-natal or child welfare clinics to local health authority dental clinics or to a dentist practising under the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by local health authority staff and inspected for treatment were 54 in the Division, but only 25 of these completed treatment.

Provision of Welfare Foods

Welfare cod liver oil, orange juice, vitamin A and D tablets and National Dried Milk, are distributed at the Child Welfare Clinics.

Many proprietary brands of milk and other infant foods are also sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary.

HOME NURSING

The County Council is responsible for the Home Nursing Service in Ossett, the two whole-time nurses being resident in their own homes.

Type of Patient under care of Home Nurse

Classification	No. of individual patients attended	Total number of visits made
Medical	136	5,017
Surgical	61	1,160
Infectious Diseases	-	-
Tuberculosis	3	148
Maternity	4	73
Other Conditions	6	97
Total	210	6,495

There has been very little change in the nature of the home nurses' work during the year and the majority of patients fall into the 65+ age group and suffer from a medical condition of a chronic nature. The Ministry of Health Report entitled "Use of Ancillary help in the local authority nursing services" mentioned in the section on Health Visiting of this report, makes several recommendations for the Home Nursing Service, viz. delegation of certain duties to less qualified staff, a point I mentioned in my last report.

Day and Night Nursing Service

This service is an extension of the home nursing service and provides a day or night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relations who may be near "breaking point" having cared for a patient at home for a considerable time and this service is very much appreciated by those relatives who have been under severe strain. Persons employed are trained nurses, persons with nursing experience or "sitters-in".

In the past the Marie Curie Memorial Foundation met the full cost of this service for patients suffering from carcinoma, but during 1965 some difficulties arose between the County Council and the Foundation. It has now been arranged that as from the 1st September, 1965 the County Council Scheme is to be extended to include patients suffering from carcinoma. During the year five patients suffering from cancer and four others received the service in the Division, a "sitter-in" being employed on each occasion.

MIDWIFERY

Three whole-time midwives (resident in their own homes) were employed by the County Council to serve the Borough of Ossett during 1965.

The following table shows the number of Ossett women confined in hospital, private nursing homes, or delivered by midwives and private practitioners in Ossett or elsewhere.

Place of Delivery	No.	Percentage of Total
Delivered in hospitals	196	60.1
Delivered in private nursing homes	-	0.0
Delivered by midwife (alone) in attendance	123	37.7
Delivered with doctor and midwife in attendance	7	2.2
Total (including still-births)	326	100.0

During 1965 the practising midwives summoned medical assistance to eleven mothers.

Reasons for Midwife calling
Medical Aid

Mothers

Prolonged Labour	1
Ruptured Perineum	7
Hypertension	1
Haematuria	1
Face presentation	1

All midwives are employed on full midwifery duties and there has been no appreciable difficulties in domiciliary confinements during this year.

There has been a sharp decrease in domiciliary confinements all over the division. This may be partly due to a decrease in the birthrate during 1965 compared with the previous year or could indicate the expectant mothers are more willing to accept a hospital confinement should this be advisable even if it means an early discharge from hospital after delivery. I give below a comparison of early discharges from hospital for the years 1964 and 1965 :-

	1965	1964
Patients discharged at 48 hours	57	41
Patients discharged after 48 hours up to and including the 5th day	115	89
After the 5th but before the 10th day	146	175
Total	318	305

Close co-operation with the general practitioners has continued and in the division seven ante-natal clinics are held in general practitioners' surgeries which are attended by domiciliary midwives.

In Ossett a partnership of four general practitioners have built their own group surgery and as from 1st January, 1966 the ante-natal clinic at Croft House ceased to function and patients of this partnership now receive ante-natal care at the group surgery with a domiciliary midwife in attendance. The two remaining practitioners in Ossett have for many years seen their own patients in an ante-natal clinic in their surgery with a domiciliary midwife attending.

A "booking" clinic staffed by midwives is held at Croft House on Wednesdays 3 - 4 p.m. immediately following the relaxation class 2 - 3 p.m. and no doctor is present.

Provision of Maternity Outfits

These are provided free to mothers preparing for confinement in their own homes.

Analgesia

All midwives are trained in the administration of both trilene and gas and air analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. During 1965, 112 women received trilene.

Emergency Obstetric Unit

The "flying squad" attached to the General Hospital, Wakefield is available for obstetric emergencies occurring within the district.

Care of Premature Infants

Special equipment and nursing staff are available for use in the home in cases requiring them.

Weight at birth	Survival of Premature Infants (Hospital and Domiciliary)			
	No. of Premature Babies		No. dying within 28 days	No. surviving 28 days
	Born Alive	Born Dead		
Under 2½ lbs.	-	-	-	-
2½ - 3 lbs.	-	-	-	-
3 - 3½ lbs.	2	-	2	-
3½ - 4 lbs.	-	-	-	-
4 - 4½ lbs.	-	1	-	-
4½ - 5 lbs.	2	-	-	2
5 - 5½ lbs.	10	-	1	9
Total	14	1	3	11

Maternity Liaison

No invitations were received during 1965 to attend Maternity Liaison Committees.

HEALTH VISITING

The principal role of the Health Visitor according to the Jamieson Report of 1956 is one of health education and social advice and for this purpose she visits the homes to offer guidance on the care of children, persons (including adults) suffering from illness, and expectant and nursing mothers. The Health Visitor also gives advice in the home on the measures necessary to prevent the spread of infection. Her duties are frequently combined with those of School Nurse and she is thus able to follow the pre-school child into school and maintain contact with him or her until school leaving age is reached.

Summary of Health Visitors' Home Visits in Ossett, 1965

<u>Children aged 0 - 5 years:</u>	
First Visits	938
Re-visits	3,065
Total	4,003
<u>Persons aged 65 years and over :</u>	
First Visits	368
Re-visits	579
Total	947
Visits to Home Help Cases	1,657
Mental Health Visits	3
Visits to Hospital Discharges	35
Household Visits (T.B. and Infectious Diseases)	27
Other Visits	532

Difficulty still exists in maintaining a full health visiting establishment and because of this shortage of trained staff certain duties in the past undertaken by the Health Visitor are now delegated to less qualified personnel, who are designated assistant to Health Visitor in order to allow the fully qualified Health Visitor to fulfil her role as social advisor and health educator. The duties of the assistants to Health Visitors have been outlined in my last report and they are largely employed in the School Health and Home Help Services.

This dilution of staff has been studied by a Sub-Committee appointed by the Standing Nursing Advisory Committee and their findings and recommendations were published in a Ministry of Health report in June, 1965 entitled "Use of ancillary help in the local authority nursing services". Many of these recommendations have

been carried out in this Division for several years, some due to dire necessity but all in order to improve the efficiency of the service. The Report stresses the importance of ensuring that the best use is made of the skills of a qualified nurse, who is entitled to expect that the job she does will enable her to use fully the skills she has acquired.

During 1965 it was possible to complete the attachment of Health Visitors to general practitioners in the Borough of Morley with the exception of one partnership which has not yet fully agreed to this venture. Plans for attachment of Health Visitors in the rest of the Division are drawn up and it is only shortage of staff which does not allow the scheme to become fully operative. All general practitioners have found the attachment valuable and state that the liaison with the L.H.A. services have reduced duplication of visits, eliminated conflicting advice and increased co-operation with the Public Health Department, though this had always been good even before attachment. To completely evaluate the scheme would be unwise and untimely at the moment as these are early days and both the general practitioner and the Health Visitor still have a lot to learn from each other in order to give the very best service to the public they both serve.

Phenylketonuria

The "Phenistix" test on all new born babies has continued and during the year 1,501 babies were tested either in clinics or in the home. All children tested proved negative.

Congenital Dislocation of the Hip (Ortolani Test)

This test has been explained in my last report and as stated there it checks the hip abduction movement. A positive case which indicates a congenital dislocation of the hip must be referred promptly to an Orthopaedic Consultant for confirmation of diagnosis and early treatment should this be indicated in order to avoid prolonged treatment or a permanent handicap in later life. Only one case was referred during the year and this was considered negative.

Practical Training of Students

In October, 1965 the new syllabus laid down by the County Council for the training of Health Visitors has been adopted and the Training Council has stipulated that students must only be allocated to specially designated Field Work Instructors who are responsible for the practical training. It was hoped that these practical tutors could be recruited from existing health visiting staff, but unfortunately in this Division this has not been achieved and consequently we are unable this year to provide this practical training in which we have taken such an active interest in the past.

Hospital student nurses still have the two days' district experience during general nurse training to supplement lectures on social aspects of disease. This though brief period is very much appreciated by the students as it supplies the social, economic and cultural background of the patients they are nursing in the wards.

HOME HELPS

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age".

Home Helps were provided in Ossett for the following reasons :-

	Cases	Hours
Maternity	5	358
Chronic Sick and Tuberculosis	166	17,437
Others	16	1,160
Total	187	18,955

The service continues to expand and 187 cases were attended by Home Helps during 1965 compared with 175 in the previous year, and the total number of hours worked was 18,955.

CHIROPODY

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is certified to be medically unfit to attend the clinic. Details of the cases treated throughout the year are given below.

Clinic	Sessions held	No. of Patients Treated				Total Treatments given			
		A	P.H.	E.M.	Total	A	P.H.	E.M.	Total
Croft House Ossett	65	109	3	-	112	490	11	-	501
Domiciliary Treatments	-	48	9	-	57	202	35	-	237
Total	65	157	12	-	169	692	46	-	738

A	-	Aged
P.H.	-	Physically Handicapped
E.M.	-	Expectant Mother

IMMUNISATION AND VACCINATION

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against whooping cough, tetanus, smallpox and poliomyelitis may be done either at the clinic or by the family doctor.

The number of children in Ossett who completed a primary course of immunisation or vaccination in 1965 was as follows :-

Type of Immunisation or Vaccination	Year of Birth					Others	Total
	1965	1964	1963	1962	1958-61	under age 16	
Diphtheria	165	119	3	4	18	3	312
Whooping Cough	165	119	3	3	3	-	293
Tetanus	165	119	3	4	23	4	318
Poliomyelitis	59	185	18	16	21	13	312
The number of children in Ossett who received re-inforcing doses during 1965 was as follows :-							
Diphtheria	-	-	1	1	129	2	133
Whooping Cough	-	-	1	-	4	-	5
Tetanus	-	-	1	1	126	-	128
Poliomyelitis	-	-	-	-	98	27	125

Smallpox Vaccination

During the year 84 people were vaccinated against smallpox.

B.C.G. Vaccination against Tuberculosis

This scheme is approved by the Minister of Health. The vaccine used is B.C.G. and is offered to all children in their fourteenth year with a view to affording protection to adolescents in the early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age group in 1965 and the acceptance rate was approximately 60%.

The following table is a summary of the work carried out in the year :-

School	No. of children whose parents consented	No. of children Heaf tested	No. with positive reaction	No. with negative reaction	Number vaccinated
Ossett County Secondary	110	104	30	74	74
Ossett Grammar School	59	59	16	41	41
Total	169	163	46	115	115

B.C.G. vaccination is also available at the Local Chest Clinic for the protection of ascertained contacts of tuberculosis and in certain other cases.

NURSERY AND CHILD MINDERS REGULATION ACT

The County Council is authorised under this Act to grant or refuse registration of both Nurseries and Child Minders. Several enquiries for registration have been investigated but no Nursery or Child Minder has been registered during the year.

CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together, for each of these families the knowledge and activities of the organisations concerned, representatives meet quarterly in Horbury Town Hall under the Chairmanship of the Medical Officer of Health. A total of thirty-one cases from Ossett, Horbury and Wakefield R.D. have been discussed at the meetings during 1965.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES

DIVISIONAL ADMINISTRATION

HEALTH EDUCATION

During 1965 a regular health education programme was established in the Division and the subject matter is now being changed on a bi-monthly basis. Attempts are made to make the topic seasonal or relate it to a national event or incident. Posters are displayed and leaflets are available in doctors' surgeries, clinics, schools and other public buildings. Use is made of the public refuse vehicles as these make admirable mobile hoardings though the life of a poster is naturally limited. The food sales clerks have also been involved and distribute leaflets with the welfare foods and proprietary milk sales.

We are working on the assumption that for health education to be effective, the same topic must be encountered by the public in as many places as possible for a certain but not too prolonged period and in this way it is hoped to make an impact. To this end we send book-marks on the relevant topic to the libraries at Morley and Ossett who co-operate fully, as do the postmasters in Morley and Horbury who display a poster in their post-offices. We have acquired the use of a shop window in Horbury and the window is dressed every two months in accordance with the programme. We have also secured the use of two poster sites at Morley Town Hall and the windows of the Divisional Office are used to advantage as they face on to a main shopping area.

During the procedure of attachment of health visitors to the general practitioners in Morley, the doctors were asked if they would allow us to place a notice board in their waiting room, on which the health visitor could display the current items of health education material. As no doctor objected, we made a number of these boards, two by three feet in size, painted white and headed "Health Topics" in the West Ardsley Training Centre. We are, at the time of writing this report, in the process of placing these boards in the various waiting rooms.

Home Safety Committees continue to function in Morley and the Gaskell areas of the Division and the Divisional Medical Officer is represented on both.

Health visitors teach senior girls in all county secondary schools with the exception of two schools. Venereal disease is incorporated in the talks and infectious diseases and special emphasis is put on the relationship of smoking with diseases of the chest.

The problem of the display of notices on venereal disease in the public conveniences was approached from a new angle in Morley by having a stencil cut from a sheet of aluminium. This stencil stated that venereal disease was dangerous and should be treated, and also where information regarding treatment could be obtained. This information was then painted on the walls of the public conveniences using aerosol paint sprays in various colours and I am pleased to say that in over nine months these notices have resisted many forms of desecration and in some cases no attempt to deface has been made.

February 1965 saw the foundation of the Ossett Mothers' Club and a humble membership of 17 in the beginning increased to 80 members by the December with an average attendance of 35 mothers per meeting. The initial arrangement was for the Club to meet once a month, but in response to popular request this was altered to fortnightly meetings in the May. The mothers elected their own officers and committee and these are wholly responsible for the successful running of the Club. The meetings take place at Croft House Clinic and one or two health visitors attend. Amongst the subjects discussed were Care of the Skin, The Work of the Probation Officer, Mentally Handicapped Children, Marriage Guidance, Preparing a Child for School, and Family Planning.

The Mother's Club in Morley continued to receive popular support and met 11 times during the year; three of these meetings were of a social nature and the remaining ones educational or to discuss future programmes. The following gives some detail of the Club's activities. Dr. Holdsworth spoke on Family Planning, a Morley general practitioner on Sex and your Child, a member of the County Fire Service on Fire Prevention and the Divisional Medical Officer on the Work of the Public Health Department. Talks were also given on the W.V.S. and Oxfam.

This really is a very modest health education programme but it is surprising how much time is taken up with its preparation and implementation. Problems are frequently met such as the lack of availability of a projector, films and filmstrips just when they are required, but perhaps the most important factor is the shortage of clerical staff which has become more and more acute with the development of two hostels, one for the sub-normal and one for the post-psychotic patient, and the development of the new cytology clinics for screening for cancer of the cervix. Under such circumstances it is health education which tends to suffer when perhaps it should be given priority, as this is the one field where no-one complains if no action is being taken.

THE UNMARRIED MOTHER AND
MOTHER AND BABY HOMES

The unmarried mother is referred usually by the Moral Welfare Organisation, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the West Riding. The mother enters the Home during the latter part of her pregnancy, is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Twelve such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 70 live illegitimate births 50 were dealt with in this Division as indicated below :-

	West Riding Cases	Non-County Cases	Total
1. <u>Number of cases dealt with during the year</u>			
(a) Referred by Moral Welfare Organisations	4	-	4
(b) Ascertained through own staff (midwives) etc.	24	-	24
(c) Referred by other services	22	-	22
	50	-	50
2. <u>Analysis :-</u>			
(a) Married * (i) with previous illegitimate children	2	-	2
(ii) without previous illegitimate children	10	-	10
(b) Single (i) with previous illegitimate children	7	-	7
(ii) without previous illegitimate children	28	-	28
(c) Widowed (i) with previous illegitimate or children	-	-	-
Divorced (ii) without previous illegitimate children	3	-	3
TOTALS	46	-	46

* For the purposes of the scheme, a married mother of an illegitimate child is included, when known as such, as an unmarried mother.

3. <u>Ages</u> :-		West Riding Cases	Non-County Cases	Total
(a)	Under 15	1	-	1
(b)	15 - 19	18	-	18
(c)	20 - 24	17	-	17
(d)	25 - 29	7	-	7
(e)	30 - 39	7	-	7
(f)	40 and over	-	-	-
		50	-	50
4. <u>Disposal</u> :-				
(a)	Cases settled			
(i)	Marriage	-	-	-
(ii)	Baby died	4	-	4
(iii)	Grandparents to take baby home	1	-	1
(iv)	Baby adopted	4	-	4
(v)	Baby fostered	1	-	1
(vi)	Mother keeping baby	40	-	40
(b)	Cases referred elsewhere	-	-	-
(c)	Cases in which action has been taken but not finally settled	-	-	-
		50	-	50

Close co-operation between Moral Welfare Workers, Children's Officers and Health Vistors exists, thus ensuring the best possible arrangements for the infants.

CARE AND AFTER-CARE

Recuperative Home Treatment

Twenty-two patients were sent to various convalescent homes from this Division during the year following medical recommendation from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

Provision of Nursing Equipment in the Home

1,224 items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bed pans, rubber sheets and wheel-chairs. The latter are for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service is gradually being superseded by the use of disposable pads which are used in the rest of the Division. These pads can be changed more frequently than bed linen and are therefore much more convenient.

Hospital Liaison

Four health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manyates Maternity Hospital and Leeds Maternity Hospital, one carrying out geriatric liaison with Headlands Hospital, Pontefract and one diabetic liaison with Clayton Hospital, Wakefield.

Premature Baby Liaison

This takes place at Manyates Hospital and Wakefield General Hospital. The health visitor visits weekly and obtains environmental reports for the Paediatricians and notifies the Divisions of the pending discharge of a premature baby. The health visitor also attends a follow-up clinic at Manyates Hospital.

At Leeds Maternity Hospital premature baby liaison consists of the health visitor joining a ward round on the premature baby unit, providing Professor Craig with environmental details obtained by telephone contacts with the respective health visitor and attending a follow-up clinic.

Liaison with the Department of Paediatrics at Leeds General Infirmary comprises of a ward round and attendance at Professor Craig's clinic, where children usually of school age and largely suffering from emotional difficulties are seen. The health visitor is responsible for the exchange of information between the Department of

Paediatrics and the Divisional Medical Officers concerned and obtains records of home environment and scholastic attainments.

Diabetic Liaison

The health visitor attends Dr. Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own area and refers patients together with detailed instruction regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

Geriatric Liaison

The liaison health visitor contacts Headlands Hospital twice daily, when patients are referred to her whose admission to hospital has been requested by their general practitioner. The health visitor visits and writes a report giving all relevant details to the Geriatrician, including degree of urgency for admission. Should an admission be of a very urgent nature the hospital is contacted by 'phone rather than by written report and arrangements are made without delay, providing a bed is available. The health visitor also attends a weekly discharge review round where arrangements are made for the patient to return home, and this includes notification of relatives and mobilisation of statutory and voluntary agencies should these services be required.

MENTAL HEALTH

Mental Welfare Officers

There are two Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons, and with the admission of such patients to hospital when this becomes necessary. A twenty-four hour service is operated for the admission of patients to Psychiatric Hospitals. Recognition of the Mental Welfare Officers' services in the community is steadily gaining ground and liaison between Health Visitors, Welfare Officers, Probation Officers, Police, Youth Employment, Ministry of Labour, W.V.S. and other agencies, both voluntary and statutory, is very good in this Division. Co-operation with the General Practitioners is improving and more of them are drawing the attention of the Mental Welfare Officers to patients who can benefit from an opportunity to talk to a person with a special experience in mental health. Such first aid treatment sometimes averts a complete breakdown and hospitalisation.

During the year a half of the Health Visitors had been attached to General Practitioners in the area and it has been noticeable that Health Visitors are now more than ever bringing border-line mental health questions to the notice of the Mental Welfare Officers. This fact is quite encouraging when considering the aspect of pre-care. Social and personal problems may underlie many of the symptoms presented in the General Practitioner's surgery and it is often possible for the experienced Mental Welfare Officer with his special knowledge to modify the emotional stresses which so often lead to a condition of mental ill-health.

Good relationship exists with the hospitals in the catchment area and the Consultant Psychiatrists appear to have quite a high degree of confidence in the services of the Mental Welfare Officers in the community. Social and environmental histories are obtained and submitted to the various Consultants as regards inpatients and referrals are regularly received in respect of in-patients on their discharge from hospital.

The Mental Welfare Officers attend regular case conferences, hospital out-patients clinics and frequent in-service training courses are held at Grantley Hall.

Number of patients under L.H.A. care at 31.12.65 (See note 2)	Mentally Ill				Psychopathic			
	Under age 16		16 and over		Under age 16		16 and over	
	M	F	M	F	M	F	M	F
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(a) Total number	-	-	121	152	-	-	-	-
(b)(i) Attending day training centre	-	-	-	-	-	-	-	-
(ii) Awaiting entry thereto	-	-	-	-	-	-	-	-
(c)(i) Resident in residential training care	-	-	-	-	-	-	-	-
(ii) Awaiting residence therein	-	-	-	-	-	-	-	-
(d)(i) Receiving home training	-	-	-	-	-	-	-	-
(ii) Awaiting home training	-	-	-	-	-	-	-	-
(e)(i) Resident in L.A. home/hostel	-	-	-	-	-	-	-	-
(ii) Awaiting residence in L.A. home/hostel	-	-	-	-	-	-	-	-
(iii) Resident at L.A. expense in other residential homes/hostels	-	-	-	-	-	-	-	-
(iv) Resident at L.A. expense by boarding out in private household	-	-	-	-	-	-	-	-
(f) Receiving home visits and not included under (b) to (e)	-	-	121	152	-	-	-	-

Subnormal				Severely subnormal				P	Total subnormal and severely subnormal		Grand Total of cols. (1) to (16)
Under age 16		16 and over		Under age 16		16 and over			Under age	16 and	
M	F	M	F	M	F	M	F		16	over	
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
15	20	27	73	—	2	1	—	37	151	461	
15	20	24	23	—	2	1	—	37	48	85	
—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	
—	—	11	12	—	—	—	—	—	23	23	
—	—	—	—	—	—	—	—	—	—	—	
—	—	1	—	—	—	—	—	—	1	1	
—	—	—	—	—	—	—	—	—	—	—	
—	—	41	38	—	—	—	—	—	79	352	

Psychiatric Social Club

This club is held every week at Morley Central Clinic and since it was started in 1962 the number of names on the register has totalled thirty-one. Its purpose is to assist in the social rehabilitation of patients discharged from hospital and to serve as a link between the hospital and domiciliary services. The attendance fluctuates considerably and though the highest weekly number has been in the region of fifteen, this has not been maintained for many weeks at a time, and the average number has been eight. At least ten members are now working satisfactorily and have reached a point where they wish to remain at home at the end of their day's work and they no longer attend the club.

Attendance at a psychiatric social club is a form of psycho-therapy though of course this is interwoven between the various games and activities such as table tennis, dominoes, card games and bingo. Good use is also made of the record player. There are usually a number of small prizes for the winners of the various games and during the evening tea and biscuits are served.

TRAINING CENTRES

Ossett Junior Training Centre

The year started with 26 children on the register and ended with 24, the age range being 2 - 8 years. Nine children were admitted and 11 left during the year; seven of these being in the 9 - 11 age group were transferred to the junior wing of West Ardsley Training Centre in September because of overcrowding at Ossett. Of the remaining four, one was admitted to West Ardsley Centre earlier in the year on reaching the age of eleven years, one was admitted to a special school for educationally subnormal children, one was admitted to hospital for long stay care and the parents of the last child moved to another part of the country.

Ages of children in years in attendance at Ossett Training Centre

Sex	2+	3+	4+	5+	6+	7+	8+	9+	Total
Male	1	1	1	2	4	6	-	-	15
Female	-	-	1	2	2	1	3	-	9
Total	1	1	2	4	6	7	3	-	24

The transfer of the 9 - 11 age group of children from this Centre lowered the average age to 6 years and in addition a few younger children were admitted. This resulted in the training programme being adapted to meet the needs of the younger group. Basically however the programme remained the same with the Supervisor taking the class where actual learning can be developed, continuing her experiments on reading ability started in 1964.

The staff consists of the Supervisor, an Assistant Supervisor and a General Assistant. There is a kitchen staff of one who works part-time - the meals being supplied by the School Meals Service.

Students at Leeds and Sheffield taking courses leading to the Diploma of the National Association for Mental Health were seconded during the year to the Centre for practical training.

The H.M.S. Zulu project developed further in 1965 and culminated in a party of children from the Centre visiting the ship at Rosyth. The journey was made by coach and air and was a great experience for the 15 children taken who were in the 7 - 11 age group. It is to the credit of the Supervisor that this venture was even contemplated as the potential difficulties involved seemed to be enormous. Nevertheless, with help from many people and voluntary organisations the journey was arranged and undertaken without any insoluble problems developing and the children were a credit to the Centre throughout the whole day.

The Parent Teacher Association continued to flourish and in addition to holding regular meetings, helped to finance the H.M.S. Zulu trip and an extra outing for the children at the Centre.

West Ardsley Training Centre

The Comprehensive Training Centre at West Ardsley is now well established since being opened in April, 1963. There are 75 trainees on roll from the age of 10 years upwards, and there are places for 24 Juniors, 23 Adult Males, 23 Adult Females and six in the Special Care Unit.

Ages of Trainees in Attendance at West Ardsley Training Centre

Sex	Junior Wing										
	Junior Group				Transitional Group		Adults				Total
	10+	11+	12+	13+	14+	15+	16+	20+	30+	40+	
M	4	-	-	1	4	-	8	9	-	4	30
F	2	1	1	2	4	1	11	7	3	7	39
Total	6	1	1	3	8	1	19	16	3	11	69

The junior wing, which accommodates children under the age of sixteen years has a full and varied time-table which takes account of the fact that a number of these children are physically handicapped in addition to being subnormal. Seven children were transferred to this wing from Ossett Junior Training Centre in September, 1965 because of overcrowding and as their ages were between 9 and 11 years this lowered the average age of the junior section.

The older group of the junior wing is named the Transitional group. Here the trainees are prepared for transfer into the Adult departments. This transfer period lessens the shock of moving when the age of the trainees reaches 16 years.

The children in the junior wing visit the local swimming baths each week accompanied by two members of the staff. All round training is involved in this visit - travelling on public transport, getting their own fares, and dressing and undressing themselves. At first they were nervous of the water and much patience and encouragement was needed, but now the children are quite confident and a number have mastered the co-ordinated movement of arms and legs.

The numbers in attendance in the Adult department have increased due to trainees being admitted from the newly opened Healey Croft Hostel. Thirteen of these residents were admitted during the latter part of the year and they were relatively high grade, tending to be of unstable temperament, aggressive and prone to outbursts of temper. This resulted in extra pressure being put on the Instructors. It was then discovered that the Centre had become divided into two camps - Hostel residents versus the Rest, and as this was an entirely new experience for the staff, every ounce of effort was needed to overcome the problem. At one time the staff nearly gave up the struggle quarrels and even fights had to be settled, trainees were absconding or threatening to abscond and frustrated staff were trying to keep calm. Then gradually things began to ease a little and the atmosphere became more pleasant, until by the end of the year the Centre was once more united.

Training continues in the field of light industry and woodwork, dressmaking, light assembly work and laundry are all undertaken. When a new contract has been obtained, considerable thought and time has to be spent breaking the work down into simple processes by the Instructors. Jigs have to be made which are suitable for the trainees to use, and which are also suitable for the manufacture of a perfect article. Training in speed, care of tools and materials is important as is the quality of the finished product and I am pleased to say that the standard of work so far completed has been quite high.

During the year four trainees obtained outside employment and what is more important they did not lose this work and have to return to the Centre.

The Parent Teacher Association formed early in 1964 continues to operate successfully. This Association helps in bringing the parents together, along with the staff, to talk over any problems which have arisen or may arise. During the past year a cine camera and projector, a climbing frame for the Junior wing and a badminton outfit for the Transitional group have been purchased. The Association also provided money to help with expenses incurred at annual outings, Christmas and other occasions from funds obtained by holding successful bazaars, fashion shows and displays.

Special Care Unit

The Special Care Unit is situated in the West Ardsley Training Centre and has six places for the severely subnormal who are in many cases also badly physically handicapped. The ages in the Special Care Unit are varied and are as follows :-

<u>AGES IN YEARS</u>					
<u>Males</u>				<u>Females</u>	
6	11	26	5	8	18

This Unit serves a valuable purpose in that it gives great relief to parents throughout the day as the patients are conveyed to and from the Centre by special transport. Here the patients are helped to learn to walk and use their limbs. Emphasis is also placed on toilet training and we can record several successes which have pleased the parents.

It is hoped to enlarge this Unit in the forthcoming year as new extensions are planned at the Centre so that the available places will be doubled from six to twelve.

Hostels

Healey Croft Hostel

This hostel, completed in 1965, admitted its first residents on 14th September and by the end of the year twenty-three subnormal adults were in residence. The hostel has places for 30 residents (which includes the bed in the sick-bay) and structurally consists of three wings. Two of the wings, each two storied, contain the bedrooms and are at right angles to each other. One is for male residents and also contains the warden's flat, the other is for female residents and contains two bed sitting rooms for two assistant wardens. These two wings are joined by a common approach to the third wing, which is single storied, and contains the kitchen, dining room, lounges, games room, office and the reception area.

The resident staff consists of a warden and two assistant wardens (one of whom is the warden's wife.) There is a non-resident cook, five part-time domestic assistants and a part-time caretaker (shared with the nearby West Ardsley Training Centre).

Age and Sex of Residents at Healey Croft Hostel

Sex	16+	19+	22+	25+	30+	40+	50+	60+	Total
M	2	1	-	2	3	2	1	-	11
F	2	2	1	1	1	3	2	-	12
Total	4	3	1	3	4	5	3	-	23

Broadly speaking we have admitted four groups of residents as follows :-

- 1) Subnormal adults living in the community who lose by death or illness their parent or guardian, temporarily or permanently (8).
- 2) Subnormal adults living in hospitals but not considered to be in need of treatment (7).
- 3) Subnormal children residing in childrens' homes who attain the age of 18 years and are considered to be in need of continued supervision (3).
- 4) Subnormal adults with poor physical and /or mental social conditions existing in the home and which may have resulted in ante-social behaviour (5).

Considering the number of staff and the number of residents the first two groups have proved to be the least problematical and the most suited to a hostel that is run in principle like a home where the aim is to provide a homelike and stable background.

For the third group the residents from childrens' homes prove difficult due to the massive adjustment they have to make from a well ordered childrens' home, where in many cases they have been for a long time, to an adult setting.

The subnormal adults admitted in social and anti-social groups prove the least suited and actually put in danger the principle of the hostel which is to function as a substitute home and retain a certain permissiveness of outlook. Problems with this group can arise particularly when one considers that the three resident staff can have to cope with 30 residents.

The residents fall into two sections (a) working residents (9)
(b) residents attending the Training Centre (14) some of whom are capable of employment but the female residents in this category prove hard to place.

This grouping causes difficulties in organisation and administration at the Hostel. For example as regards entertainments and recreations the working sub-normals are functioning in a more real way. They receive their pay packets, are better off financially and resist to some extent being organised and it is probably right that they should be encouraged to find their own suitable outlets. The residents attending the Training Centre tend to remain near the "apron strings" and require encouragement and a lead in recreational activities. Bed times, meal times etc. which have to relate to the hostel as a whole can prove difficult as seen by the analogy of a normal home situation where there are two 4-5 year olds and two 9-10 year olds.

From an administrative point of view the various meal times are also affected by this grouping and breakfasts are had as follows :- 5.30.a.m. for four residents, 6.30.a.m. five residents, 8.a.m. fourteen residents. The Training Centre residents have their evening meal at 5 p.m. and those returning from work at 6 p.m.

There have been problems during these first four months, one or two quite serious, and relating to bad placement but on the whole the hostel has tended to develop its own personality and the residents have settled down quite well.

Lee Grange Hostel.

This hostel is under construction and will cater for post-psychotic cases. It is anticipated that it will be ready for occupation in the autumn of 1966.

SCHOOL HEALTH SERVICE

Once again there has been no great material change in the day to day administration of the School Health Service. Changes of staff have occasionally caused difficulties but with the help of general practitioners all our commitments have been met and completed.

During the year 3,967 children were examined under our routine and selective schemes of medical examinations and it was encouraging to note that only one child was considered to have an unsatisfactory general physical condition. The selective schemes of examination continued throughout the year and appears to grow in popularity with the teaching staff as time goes on.

School Population

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of departments	29	11	6	18	64
No. of children in attendance	6000	2800	1250	2400	12450
No. of children examined	1963	786	351	870	3970

Routine School Inspections

Group	Morley		Ossett		Horbury		Wakefield R.		Total	
	Satis	Un-Satis	Satis	Un-Satis	Satis	Un-Satis	Satis	Un-Satis	Satis	Un-Satis
Entrants	736	-	280	-	104	-	418	-	1,538	-
Leavers	518	-	212	-	114	-	171	-	1,015	-
Total	1,254	-	492	-	218	-	589	-	2,553	-

The children in the Junior Schools are covered by the non-routine scheme and so are not routinely examined.

The number of these children is included in the number of Special Examinations as indicated in the following table.

Special Examination

Type of Examination	Morley	Ossett	Horbury	Wakefield Rural	Total
Special examinations	404	207	90	149	850
Selective examinations	305	87	43	132	567
Total	709	294	133	281	1,417

CLEANLINESS

53 children were excluded from school during the year on account of head infestation and 8 children were compulsorily cleansed. The health visitor attends her schools at frequent intervals throughout the year to examine the children and where unclean or verminous conditions are found to exist the parents are informed and are instructed in the application of an effective remedy. Statutory action is taken in cases of default.

Cleanliness Inspections

	Morley	Ossett	Horbury	Wakefield Rural	Total
No. of children examined	14,121	4,064	3,641	7,096	28,922
No. of cases of infestation	443	188	12	118	761
% of infestation	3.8	4.3	0.3	1.6	2.6
No. of individual cases of infestation	257	147	6	83	493
No. of children excluded from school	51	-	1	2	53
No. of cleansing notices issued	16	-	-	1	17
No. of cleansing orders issued	11	-	-	1	12
No. of children compulsorily cleansed	8	-	-	-	8

VISION

All children with a visual acuity of 6/9 are kept under observation and those with less than 6/9 vision are referred for specialist examination. The following table presents a summary of the findings, and it will be seen that the bi-ennial vision testing of all school children has been continued throughout the year and of 6551 children examined 366 cases of defective vision were referred for consultative opinion.

Results of Vision Test

Age	No. examined	Normal		Observation		Treatment	
		No.	%	No.	%	No.	%
5	1,535	1,392	90.7	69	4.5	74	4.8
7	1,004	873	87.0	87	8.67	44	4.33
9	1,102	944	85.6	122	11.1	36	3.3
11	859	727	84.6	100	11.6	32	3.7
13	1,039	823	79.2	161	15.5	55	5.3
15	1,012	810	80.0	77	12.4	125	7.6
Total	6,551	5,569	84.8	616	9.3	366	5.9

HEARING

The routine audiometric testing of all 7 year old children was continued during the year and of 1,191 children tested by the nursing staff, 63 were referred to the school medical officers for further investigation. Once again the accommodation provided in some schools was not conducive to accurate testing and one can appreciate the difficulties encountered by the sound of "Hark the Herald Angels Sing" on one side and the flushing of the toilets on the other.

CLINIC AND CONSULTANT SERVICES

The Division is well served by neighbouring hospitals and hardly any delay occurs when consultative opinion is required. The Division has its own Psychiatrist, Psychologist, Ophthalmologist and Paediatrician, but the last service was withdrawn at the end of the year.

Refraction Clinic

Refraction clinics staffed by specialists are held at Morley, Ossett and Wakefield and the waiting lists in respect of the first two areas are negligible and in respect of Wakefield amounts to some four months.

Attendances at Refraction Clinic in 1965

	Wakefield	Morley	Ossett	Total
No. of sessions held	25	38	25	88
No. of new cases	60	177	60	297
No. of refractions carried out	285	528	257	1,070
No. of cases where spectacles were prescribed	100	211	94	405

Ear, Nose and Throat Clinic

Children requiring specialist examination are referred to the hospital clinics at Batley and Wakefield after the consent of the general practitioner has been obtained.

Paediatric Clinic

The paediatric service which was held at Morley clinic for many years was withdrawn on the 31st December, 1965 and future cases will now be referred to the local hospitals as happens for children in the Wakefield, Ossett and Horbury areas. During 1965 18 children made 25 attendances at the Morley clinic.

CHILD GUIDANCE SERVICE

The Child Guidance Clinics in Ossett and Morley have been operative for almost three years and 1965 saw almost as many cases being referred and seen as in the previous twelve months. In the main the cases have been referred by general practitioners and the school medical officers.

CHILDREN ATTENDING CHILD GUIDANCE CLINICS

	Ossett	Morley
Number of sessions held	47	47
Number of new cases	15	19
Number of cases referred from 1964	10	8
Number of cases discharged or referred for residential accommodation	10	9
Number of cases carried forward to 1966	15	18

Two children were placed in a hostel for maladjusted children during the year.

SPEECH THERAPY CLINIC

The lack of these therapeutic facilities presents a big problem, and we have a waiting list of 76 known children requiring speech therapy although there will be many more who have not been referred because of the non-existence of the service.

HANDICAPPED PERSONS

Forty-two children were either initially ascertained or re-examined during the year and at the end of 1965 we had a total of 243 handicapped children on our register. Of these, 106 children were already receiving appropriate education in special schools or in their own home. Eleven physically handicapped children remain to be placed in special schools but the biggest problem is the provision of appropriate special education both in special schools and the ordinary school for the educationally sub-normal child. Forty-nine educationally sub-normal children still await placement in special schools and it is hoped that the proposed new special school to be built at Crofton will help to reduce this waiting list.

Category	Morley	Gaskell	Total
Blind	-	-	-
Partially Sighted	1	6	7
Deaf	2	6	8
Partially Hearing	3	1	4
Educationally Subnormal	67	53	120
Physically Handicapped	4 *	10 +	14
Maladjusted	3	2	5
Delicate	3	4	7
Epileptic	-	1	1
	83	83	166

* 1 child was receiving home tuition

+ 2 children were receiving home tuition

Seventy-seven educationally subnormal children have been recommended for special educational treatment in the ordinary school, but one must acknowledge that the chronic teaching staff shortage virtually means the non-implementation of these recommendations.

Pre-School Handicapped Children

Under the national scheme congenital abnormalities are notified by the midwife on the birth notification card and in addition to this a card index is kept in the Divisional Health Office of all children who are born with or develop a handicap either physical or mental which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised, frequently visited by the Health visitor, and their reports are submitted to the Medical Officers who will eventually come to a decision re the best possible arrangements for every particular child.

SURVEYS

The Oxford Survey into Childhood Cancer Deaths has been in progress some years now and the Division continues to take part in the Survey. One must feel some considerable admiration for the way parents of children who had recently died from cancer gave their utmost co-operation and one hopes that the tragedy sustained by these families and the willingness in which they supported the scheme will lead eventually to a reduction if not the end of this disease.

In 1958 a survey of virtually every baby born in the week 3rd to 9th March was carried out and the co-operation of all the mothers, doctors and midwives throughout the country was obtained. As a result of this National Child Development Study a great deal has been learnt which has led to an improvement in maternity services and the saving of infant life. As yet little is known about the many things which affect children's development and in 1965 the above National organisation asked local authorities to carry out a further survey of all these children seen previously in 1958. We had 24 such children in the Division and the survey took the form of many personal and confidential questions being asked of the parent and an eventual comprehensive examination of the survey child.

Children and Young Persons Act, 1933

Seventy-one children made application to take part-time employment during the year and all were considered physically fit for their jobs.

CONCLUSION

The co-operation and excellent relationships which the section has with the teaching staffs and general practitioners has remained constant and given encouragement to our staff.

GENERAL PROVISION OF HEALTH SERVICES

HOSPITALS

General Hospital Accommodation

There are no hospitals within the Borough of Ossett but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

A new Regional Burns Centre built in the grounds of Pinderfields Hospital, Wakefield was officially opened in the Spring of 1966. This Centre provides the most modern equipment and intensive specialist treatment designed to give severe burns cases the greatest possible chance of recovery.

Isolation Hospitals

Patients with infectious disease may be admitted to Snapethorpe Hospital, Wakefield or Seacroft Hospital, Leeds. The latter hospital admits all cases of acute poliomyelitis from this area.

Maternity Hospital and Maternity Homes.

Maternity hospital facilities are available at centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Morley. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

Hospitals Specialising in Mental Disorder

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds and Westwood, Bradford, the Regional Hospital Board has now received Ministry of Health approval for the provision of a new hospital for mentally sub-normal patients on a site adjacent to Pinderfields and Stanley Royd Hospitals, Wakefield. This hospital will have 480 beds of which 100 will be for children and 46 for adolescents. There will also be an "infirmery" unit of 20 beds for those sub-normal patients suffering from acute medical or surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Health Authority Services, accommodation is to be provided for the mental welfare staff. It is expected that work will commence on the hospital towards the end of 1968.

AMBULANCE SERVICE

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Ambulance Headquarters, Tel. No. Bradford 682211.

LABORATORY FACILITIES

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, entomological and chemical investigations from General Practitioners and Public Health Department staff.

